

**State of Colorado**  
**FY 07 (July 1, 2006-June 30, 2007) Self-Funded Dental Plan Design**

Passive PPO Plans					Direct Reimbursement Plan #7651	
Covered Services	Basic Plan #7649		Basic Plus Plan #7650		Covered Services	Reimbursement Amount
Deductible	\$50 per person Maximum \$150 per family		\$50 per person Maximum \$150 per family		Deductible	\$50 per person Maximum \$150 per family
Maximum Benefit per Member	\$1000.00		\$1,500.00		Maximum Benefit per Member	\$1000.00
	In-Network	Out-of-Network	In-Network	Out-of-Network		Any Dentist
Class I: Preventive, Diagnostic and Adjunctive Services	100% of Maximum Allowance Not Subject to Deductible	100% of In-Network Allowance Not Subject to Deductible	100% of Maximum Allowance Not Subject to Deductible	100% of In-Network Allowance Not Subject to Deductible	First \$150 of Services	100%
Class II: Basic Services Endodontics, Oral Surgery and Periodontics	70% of Maximum Allowance	70% of In-Network Allowance	80% of Maximum Allowance	80% of In-Network Allowance		Thereafter
Class III: Major Services Prosthodontics and Prosthodontic Maintenance	50% of Maximum Allowance	50% of In-Network Allowance	50% of Maximum Allowance	50% of In-Network Allowance	Orthodontic Services	Benefit Not Available
Class IV: Orthodontic Services for Children to Age 19	Benefit Not Available	Benefit Not Available	50% of Maximum Allowance \$1,500 Lifetime Maximum	50% of In-Network Allowance \$1,500 Lifetime Maximum		
Class V: Adult Orthodontic Services	Benefit Not Available	Benefit Not Available	50% of Maximum Allowance \$1,500 Lifetime Maximum	50% of In-Network Allowance \$1,500 Lifetime Maximum		

